

**CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)**

Applicant(s): Te dulo AVES et al.

Docket No.

06570/002002

Serial No.

09/994,320

Filing Date

November 26, 2001

Examiner

Ann Y. Lam

Group Art Unit

3763

Invention: MEDICAL NEEDLE

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TECHNOLOGY CENTER R3700

I hereby certify that the following correspondence:

Reply Under 37 CFR 1.111

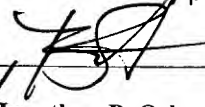
*(Identify type of correspondence)*

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to: The Assistant Commissioner for Patents, Washington, D.C. 20231 on

October 7, 2002*(Date)*Lisa H. Smith*(Typed or Printed Name of Person Mailing Correspondence)*  
*(Signature of Person Mailing Correspondence)*EV 178455705 US*("Express Mail" Mailing Label Number)***Note: Each paper must have its own certificate of mailing.**

10-08-02

3763

<b>AMENDMENT TRANSMITTAL LETTER (Small Entity)</b>			Docket No. <b>06570.002002</b>		
Applicant(s): <b>Teodulo AVES et al.</b>					
Serial No. <b>09/994,320</b>	Filing Date <b>November 26, 2001</b>	Examiner <b>Ann Y. Lam</b>	Group Art Unit <b>3763</b>		
Invention: <b>MEDICAL NEEDLE</b>					
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>  <b>OCT 15 2002</b> </div>					
<u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u> <b>TECHNOLOGY CENTER R3700</b>					
Transmitted herewith is an amendment in the above-identified application.					
<input type="checkbox"/> Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted.					
<input type="checkbox"/> A verified statement to establish Small Entity status under 37 FR 1.27 is enclosed.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	21   -	21   =	0   x	\$9.00	\$0.00
INDEP. CLAIMS	4   -	4   =	0   x	\$42.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<input checked="" type="checkbox"/> No additional fee is required for amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>50-0591</b> A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.					
<input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 <b>#45,079</b> Signature			Dated: <b>10/7/02</b>		
<b>Jonathan P. Osha, Reg. No. 33,986</b> <b>ROSENTHAL &amp; OSHA L.L.P.</b> <b>1221 McKinney St., Suite 2800</b> <b>Houston, TX 77010</b>  <b>Tel: (713) 228-8600</b> <b>Fax: (713) 228-8778</b>					
I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.					
Signature of Person Mailing Correspondence					
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CC: